

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Estrelita Luczon (ARCH)	CHAPTER 100.1
Address: 249-A Ala Malama Avenue, Kaunakakai, Hawaii 96748	Inspection Date: August 23, 2019 <i>Annual</i>

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #1 – No current Physician's exam available for review.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #1 has been examined by PCP, certified that he is free of infectious disease. 9/4/19 <i>[Signature]</i>, NACHO</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS SCG #1 – No current Physician's exam available for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>SCG #1 has been seen by PCP for annual P.E. Examined and no significant history regarding chronic illness.</p> <p>- In order to avoid this deficiency in the future, I have implemented a calendar in order to avoid this deficiency in the future and make sure I will do it ahead of time before the due date.</p> <p>To make an appointment 2 weeks in advance before the due date.</p>	<p>Sept. 9, 2019</p> <p><i>[Signature]</i> ARCTO.</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – No annual TB attestation for available for review.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1 was seen on 8/29/19 by the FNP Holokaa Community Health Center pertinent to her annual T.B. attestation screening.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – No annual TB attestation for available for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Resident # 1 was seen by Dino AKA FHP-C verified Re. Resident is negative for TB infection.</p> <p>- In order to avoid this deficiency in the future, I have implemented notes in my calendar a checklist to include all annual dates for Staff and Residents to include Immunizations, relevant laboratory reports and report of annual re evaluation for T.B Test.</p>	<p>Aug. 29 2019</p> <p><i>[Signature]</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p>FINDINGS 2 of 2 fire exits locked from outside, obstructing access of residents to safe area of refuge.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>2 and 2 fire exits remains unlocked from outside in order to be free from obstruction access of residents to a safe area of Refuge during time of Emergency.</p> <p><i>[Signature]</i>, NCHD</p>	<p>2/24/19.</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> 2 of 2 fire exits locked from outside, obstructing access of residents to safe area of refuge.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Done: 2 of 2 fire exits not locked from outside, not obstructing access of residents to safe area of refuge.</p> <p>In order to avoid this deficiency in the future, I have installed a wireless Door Bell w/ifi to be able to monitor resident in and out of the door, it will alert my cell phone who is coming out. The door remains unlocked that residents be able to exit during time of emergency and free from obstruction.</p> <p><i>[Signature]</i> Director, ARCHO.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> PCG resides on second floor. No electronic signaling system in care home.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>A video Door bell camera HD 720 WiFi Door bell wireless with Doorbell chime Battery Power Operated motion Detector audio and speaker night vision for IOS and android (black) by SYXING company on Amazon has been purchased and installed in each room for signaling system.</p> <p><i>[Signature]</i> ARCHO</p>	9/4/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> PCG resides on second floor. No electronic signaling system in care home.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>a wireless door bell connected to wifi has been provided for residents use at the bedside, where PCG, be able to monitor from upstairs or anytime that able to monitor where there is a wifi available.</p> <p>Resident and PCG will be able to talk wireless from upstairs or anytime they are near to the door bell.</p> <p><i>[Signature]</i>, ARCHA</p>	

Licensee's/Administrator's Signature: Estrelita P. Luczon, ARCTO

Print Name: ESTRELITA P. LUCZON, ARCTO

Date: Sept. 4, 2019.

Licensee's/Administrator's Signature: Estrelita P. Luczon, ARCTO

Print Name: ESTRELITA P. Luczon

Date: November 12, 2019